

2010 MAR -1 PM 5:13A Public Document

MAR - 1 2010
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Please type or print in ink.

NAME (LAST) Hollingsworth	IF/IRST Dennis	MIDDLE Clark	DAYTIME TELEPHONE NUMBER [REDACTED]
MAILING ADDRESS (Business Address Acceptable) [REDACTED]	STREET [REDACTED]	CITY [REDACTED]	STATE [REDACTED]
ZIP CODE [REDACTED]		OPTIONAL: E-MAIL ADDRESS [REDACTED]	

1. Office, Agency, or Court

Name of Office, Agency, or Court:

California State Senate

Division, Board, District, if applicable:

36th District

Your Position:

Senator

► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: _____

Position: _____

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ County of _____

☐ City of _____

☐ Multi-County _____

☐ Other _____

3. Type of Statement (Check at least one box)

☐ Assuming Office/Initial

Date: ____/____/____

☒ Annual: The period covered is January 1, 2009, through December 31, 2009.

-or-

☐ The period covered is ____/____/____, through December 31, 2009.

☐ Leaving Office Date Left: ____/____/____ (Check one)

☐ The period covered is January 1, 2009, through the date of leaving office.

-or-

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate Election Year: _____

4. Schedule Summary

► Total number of pages including this cover page: 13

► Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☒ Yes - schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 ☒ Yes - schedule attached
Investments (10% or Greater Ownership)

Schedule B ☒ Yes - schedule attached
Real Property

Schedule C ☐ Yes - schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☒ Yes - schedule attached
Income - Gifts

Schedule E ☒ Yes - schedule attached
Income - Gifts - Travel Payments

-or-

☐ No reportable interests on any schedule

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed

3/1/2010

Signature

SCHEDULE A-1
Investments

Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Dennis Hollingsworth

NAME OF BUSINESS ENTITY
Sagamore Mine

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Mining Claim

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other _____ (Describe)
☒ Partnership ☒ Income of \$0 - \$500
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
____/____/09 ____/____/09
ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income of \$0 - \$500
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
____/____/09 ____/____/09
ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income of \$0 - \$500
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
____/____/09 ____/____/09
ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income of \$0 - \$500
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
____/____/09 ____/____/09
ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income of \$0 - \$500
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
____/____/09 ____/____/09
ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income of \$0 - \$500
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
____/____/09 ____/____/09
ACQUIRED DISPOSED

Comments: _____

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name <u>Dennis Hollingsworth</u>

► 1. BUSINESS ENTITY OR TRUST	
<u>Dennis Hollingsworth (Family Partnership)</u>	
Name <u>26550 Pabesu Road Murrieta, CA 92562</u>	
Address (Business Address Acceptable)	
Check one <input type="checkbox"/> Trust, go to 2 <input checked="" type="checkbox"/> Business Entity, complete the box, then go to 2	
GENERAL DESCRIPTION OF BUSINESS ACTIVITY <u>Family Partnership</u>	
FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: ____/____/09 ____/____/09 ACQUIRED DISPOSED
NATURE OF INVESTMENT <input type="checkbox"/> Sole Proprietorship <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> Other	
YOUR BUSINESS POSITION <u>Partner</u>	

► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	
<input checked="" type="checkbox"/> \$0 - \$499 <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000	<input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000

► 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)
<u>none</u>

► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST	
Check one box: <input checked="" type="checkbox"/> INVESTMENT <input type="checkbox"/> REAL PROPERTY	
<u>Stetson Ave. and California Ave., Hemet, CA</u>	
Name of Business Entity or Street Address or Assessor's Parcel Number of Real Property	
<u>12% interest in option to purchase real property</u>	
Description of Business Activity or City or Other Precise Location of Real Property	
FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: ____/____/09 ____/____/09 ACQUIRED DISPOSED
NATURE OF INTEREST <input type="checkbox"/> Property Ownership/Deed of Trust <input type="checkbox"/> Stock <input checked="" type="checkbox"/> Partnership	
<input type="checkbox"/> Leasehold _____ Yrs. remaining <input type="checkbox"/> Other _____	
<input type="checkbox"/> Check box if additional schedules reporting investments or real property are attached	

► 1. BUSINESS ENTITY OR TRUST	
Name	
Address (Business Address Acceptable)	
Check one <input type="checkbox"/> Trust, go to 2 <input type="checkbox"/> Business Entity, complete the box, then go to 2	
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	
FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: ____/____/09 ____/____/09 ACQUIRED DISPOSED
NATURE OF INVESTMENT <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Other	
YOUR BUSINESS POSITION	

► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	
<input type="checkbox"/> \$0 - \$499 <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000	<input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000

► 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)

► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST	
Check one box: <input type="checkbox"/> INVESTMENT <input type="checkbox"/> REAL PROPERTY	
Name of Business Entity or Street Address or Assessor's Parcel Number of Real Property	
Description of Business Activity or City or Other Precise Location of Real Property	
FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: ____/____/09 ____/____/09 ACQUIRED DISPOSED
NATURE OF INTEREST <input type="checkbox"/> Property Ownership/Deed of Trust <input type="checkbox"/> Stock <input type="checkbox"/> Partnership	
<input type="checkbox"/> Leasehold _____ Yrs. remaining <input type="checkbox"/> Other _____	
<input type="checkbox"/> Check box if additional schedules reporting investments or real property are attached	

Comments: Partnership's sole activity, FMV less than \$1000

SCHEDULE B
Interests in Real Property
(Including Rental Income)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Dennis Hollingsworth

► STREET ADDRESS OR PRECISE LOCATION

Highway 99 and Ave 200

CITY

Tulare, CA 93274

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☒ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/09 ____/____/09
ACQUIRED DISPOSED

NATURE OF INTEREST

☒ Ownership/Deed of Trust ☐ Easement

☐ Leasehold _____ ☐ _____
Yrs. remaining Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

- ☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

APN's: 191-250-015, 016, 017

► STREET ADDRESS OR PRECISE LOCATION

CITY

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/09 ____/____/09
ACQUIRED DISPOSED

NATURE OF INTEREST

☐ Ownership/Deed of Trust ☐ Easement

☐ Leasehold _____ ☐ _____
Yrs. remaining Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

- ☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE TERM (Months/Years)

_____% ☐ None _____

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000
☐ Guarantor, if applicable

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE TERM (Months/Years)

_____% ☐ None _____

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000
☐ Guarantor, if applicable

Comments:

SCHEDULE D Income - Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name Hollingsworth
--

▶ NAME OF SOURCE
 Mark DeSaulnier

ADDRESS (Business Address Acceptable)
 State Capitol Room 2054 Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 State Senator

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 09 / 09	\$ 16.00	wine
__ / __ / __	\$	
__ / __ / __	\$	

▶ NAME OF SOURCE
 CAL SMACNA (full name see comments)

ADDRESS (Business Address Acceptable)
 8880 CalCenter Dr., Ste 280 Sacramento, CA 95826

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Trade Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 02 / 09	\$ 10.00	reception
__ / __ / __	\$	
__ / __ / __	\$	

▶ NAME OF SOURCE
 California Farm Bureau Federation

ADDRESS (Business Address Acceptable)
 1127 11th Street, Suite 626 Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Membership Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 24 / 09	\$ 49.69	reception
__ / __ / __	\$	
__ / __ / __	\$	

▶ NAME OF SOURCE
 Pechanga Band of Luiseno Indians

ADDRESS (Business Address Acceptable)
 P.O. Box 9041 Temecula, CA 92593

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Tribal Government

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 28 / 09	\$ 36.07	dinner & show-Senator
02 / 28 / 09	\$ 36.07	dinner & show -spouse
__ / __ / __	\$	

▶ NAME OF SOURCE
 California Poultry Federation

ADDRESS (Business Address Acceptable)
 4640 Spyres Way, Suite 4 Modesto, CA 95356

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Membership Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 03 / 09	\$ 162.17	dinner
__ / __ / __	\$	
__ / __ / __	\$	

▶ NAME OF SOURCE
 California Association of Winegrape Growers

ADDRESS (Business Address Acceptable)
 1325 J Street, Suite 1560 Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Trade Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 04 / 09	\$ 12.68	reception
__ / __ / __	\$	
__ / __ / __	\$	

Comments: CAL SMACNA is the California Association Sheet Metal and Air Conditioning Contractors National Association

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Hollingsworth

► NAME OF SOURCE
California Rice Commission

ADDRESS (Business Address Acceptable)
8801 Folsom Blvd., Ste 172 Sacramento, CA 95826

BUSINESS ACTIVITY, IF ANY, OF SOURCE
State Statutory Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 10 / 09</u>	<u>\$ 30.77</u>	<u>box of rice</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

► NAME OF SOURCE
California Citrus Mutual

ADDRESS (Business Address Acceptable)
512 North Kaweah Avenue Exeter, CA 93221

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Membership Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 16 / 09</u>	<u>\$ 5.50</u>	<u>oranges</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

► NAME OF SOURCE
Western Growers

ADDRESS (Business Address Acceptable)
1415 L Street, Suite 1060 Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Membership Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 18 / 09</u>	<u>\$ 25.00</u>	<u>reception</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

► NAME OF SOURCE
Civil Justice Association of California

ADDRESS (Business Address Acceptable)
1201 K Street, Suite 1850 Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Membership Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 23 / 09</u>	<u>\$ 45.32</u>	<u>reception</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

► NAME OF SOURCE
California Cattlemen's Association

ADDRESS (Business Address Acceptable)
1221 H Street Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Trade Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 24 / 09</u>	<u>\$ 20.00</u>	<u>legislative breakfast</u>
<u>03 / 24 / 09</u>	<u>\$ 20.00</u>	<u>hat</u>
<u> / / </u>	<u>\$ </u>	<u> </u>

► NAME OF SOURCE
California New Car Dealers Association

ADDRESS (Business Address Acceptable)
1415 L Street, Suite 700 Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Trade Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 24 / 09</u>	<u>\$ 36.82</u>	<u>reception</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

Comments: _____

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name Hollingsworth
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► NAME OF SOURCE
Western States Petroleum Association

ADDRESS (Business Address Acceptable)
1415 L Street, Suite 600 Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Trade Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 24 / 09	\$ 28.49	reception
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE
Consulate General of Canada

ADDRESS (Business Address Acceptable)
550 S. Hope St., 9th Floor Los Angeles, CA 90071

BUSINESS ACTIVITY, IF ANY, OF SOURCE
International Governmental Agency

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 25 / 09	\$ 60.00	dinner/reception
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE
California Forestry Association

ADDRESS (Business Address Acceptable)
1215 K Street, Suite 1830 Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Trade Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 25 / 09	\$ 22.93	reception
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE
Lumber Association of California & Nevada

ADDRESS (Business Address Acceptable)
177 Parkshore Drive Folsom, CA 95630

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Trade Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 25 / 09	\$ 22.93	reception
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE
California Bankers Association

ADDRESS (Business Address Acceptable)
1303 J Street, Suite 600 Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Trade Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 13 / 09	\$ 73.35	reception
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE
California Medical Association

ADDRESS (Business Address Acceptable)
3993 Jurupa Avenue Riverside, CA 92509

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Professional Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 13 / 09	\$ 118.00	dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: _____

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name Hollingsworth
--

► NAME OF SOURCE
California Correctional Peace Officers Association

ADDRESS (Business Address Acceptable)
1415 L Street, Suite 410 Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Professional Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 16 / 09	\$ 159.05	dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE
California League of Off Road Voters

ADDRESS (Business Address Acceptable)
1701 Westwind Dr., Ste 216 Bakersfield, CA 93301

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Membership Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 28 / 09	\$ 26.00	reception
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE
State Farm Mutual Automobile Insurance Company

ADDRESS (Business Address Acceptable)
1201 K Street, Suite 920 Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Insurance Company

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 28 / 09	\$ 32.66	reception
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE
California Cable & Telecommunications Association

ADDRESS (Business Address Acceptable)
1001 K Street, 2nd Floor Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Trade Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 04 / 09	\$ 63.23	reception
08 / 26 / 09	\$ 22.28	reception
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE
International Premium Cigar & Pipe Retailers Assoc.

ADDRESS (Business Address Acceptable)
4 Bradley Park Ct., Suite 2H Columbus, GA 31904

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Trade Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 04 / 09	\$ 32.61	reception
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE
Simon Wiesenthal Center, Museum of Tolerance

ADDRESS (Business Address Acceptable)
9786 West Pico Blvd. Los Angeles, CA 90035

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Human Rights Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 05 / 09	\$ 150.00	dinner (Senator)
05 / 05 / 09	\$ 150.00	dinner (spouse)
___ / ___ / ___	\$ _____	_____

Comments: _____

SCHEDULE D Income - Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name Hollingsworth
--

► NAME OF SOURCE
TechAmerica

ADDRESS (Business Address Acceptable)
1215 K Street, Suite 2140 Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Membership Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 13 / 09	\$ 10.00	chocolate
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE
California Chamber of Commerce

ADDRESS (Business Address Acceptable)
1215 K Street, Suite 1400 Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
District Chamber group

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 19 / 09	\$ 11.14	reception
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE
Personal Insurance Federation of California

ADDRESS (Business Address Acceptable)
1201 K Street, Suite 1220 Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Trade Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 25 / 09	\$ 55.17	reception
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE
California Association of Realtors

ADDRESS (Business Address Acceptable)
980 9th Street, Suite 1430 Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Membership Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 03 / 09	\$ 49.00	reception
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE
San Diego County Medical Society

ADDRESS (Business Address Acceptable)
5575 Ruffin Road San Diego, CA 92123

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Non-profit organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 06 / 09	\$ 75.00	dinner (Senator)
06 / 06 / 09	\$ 75.00	dinner (spouse)
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE
Orange County Transportation Authority

ADDRESS (Business Address Acceptable)
P.O. Box 14184 Orange, CA 92863

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Transportation agency

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 24 / 09	\$ 20.00	reception
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: _____

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name Hollingsworth
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► NAME OF SOURCE
Cox Communications

ADDRESS (Business Address Acceptable)
350 10th Avenue, Suite 600 San Diego, CA 92101

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Cable Company

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 05 / 09	\$ 125.00	baseball ticket-Senator
06 / 05 / 09	\$ 125.00	baseball ticket-spouse
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE
Barona Band of Mission Indians

ADDRESS (Business Address Acceptable)
1095 Barona Road Lakeside, CA 92040

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Tribal Government

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 09 / 09	\$ 97.51	dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE
California State Fair

ADDRESS (Business Address Acceptable)
P.O. Box 15649 Sacramento, CA 95852

BUSINESS ACTIVITY, IF ANY, OF SOURCE
State Agency

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 21 / 09	\$ 7.00	ticket to fair- Senator
08 / 21 / 09	\$ 7.00	ticket to fair- spouse
08 / 21 / 09	\$ 12.00	tickets to fair- kids (2)

► NAME OF SOURCE
The Gualco Group

ADDRESS (Business Address Acceptable)
770 L Street, Suite 1440 Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Lobby Firm

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 15 / 09	\$ 10.00	cigar
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE
Wal-Mart Stores, Inc.

ADDRESS (Business Address Acceptable)
1121 L Street, Suite 100 Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
National retailer

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 19 / 09	\$ 17.31	reception
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE
Imperial Valley Joint Chambers of Commerce

ADDRESS (Business Address Acceptable)
1095 South 4th Street El Centro, CA 92243

BUSINESS ACTIVITY, IF ANY, OF SOURCE
District Chamber group

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 26 / 09	\$ 75.55	reception
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: _____

SCHEDULE D

Income – Gifts

Name

Hollingsworth

NAME OF SOURCE

Flying Leatherneck Historical Foundation

ADDRESS (Business Address Acceptable)

P.O. Box 45316 San Diego, CA 92145

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Non-profit organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 04 / 09	\$ 63.00	ticket to air show- Sen.
10 / 04 / 09	\$ 63.00	ticket for spouse
10 / 04 / 09	\$ 189.00	tickets for kids (3)

NAME OF SOURCE

Southern California Edison

ADDRESS (Business Address Acceptable)

P.O. Box 800 Rosemead, CA 91770

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Utility company

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 17 / 09	\$ 16.50	Christmas ornament
/ /	\$	
/ /	\$	

NAME OF SOURCE

Western Riverside Council of Governments

ADDRESS (Business Address Acceptable)

4080 Lemon St, 3rd Flr Annex, Riverside CA 92501

BUSINESS ACTIVITY, IF ANY, OF SOURCE

District council of governmental agencies

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 07 / 09	\$ 65.00	framed WRCOG logo
/ /	\$	
/ /	\$	

NAME OF SOURCE

Southern California Edison

ADDRESS (Business Address Acceptable)

P.O. Box 800 Rosemead, CA 91770

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Utility company

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 11 / 09	\$ 44.44	dinner- Senator
11 / 11 / 09	\$ 44.44	dinner- spouse
11 / 11 / 09	\$ 133.32	dinner- kids (3)

NAME OF SOURCE

Council for Legislative Excellence

ADDRESS (Business Address Acceptable)

2150 River Plaza Dr. Ste 150 Sacramento, CA 95833

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Non-profit organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 01 / 09	\$ 150.50	briefcase
12 / 1 / 09	\$ 46.02	fleece pullover
12 / 1 / 09	\$ 8.72	gift bag

NAME OF SOURCE

Council for Legislative Excellence

ADDRESS (Business Address Acceptable)

2150 River Plaza Dr. Ste 150 Sacramento, CA 95833

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Non-profit organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 01 / 09	\$ 59.33	bracelet (spouse)
/ /	\$	
/ /	\$	

Comments:

SCHEDULE D
Income – Gifts

Name

Hollingsworth

► NAME OF SOURCE

Knudsen & Associates

ADDRESS (Business Address Acceptable)

1127 11th Street, Suite 550 Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Lobby Firm

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 17 / 09	\$ 7.50	Christmas music CD
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

► NAME OF SOURCE

National Federation of Independent Business

ADDRESS (Business Address Acceptable)

445 Capitol Mall, Suite 225 Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Membership Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 21 / 09	\$ 36.24	reception
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

► NAME OF SOURCE

Governor Arnold Schwarzenegger

ADDRESS (Business Address Acceptable)

State Capitol, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

California State Governor

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 16 / 09	\$ 70.00	flag
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

Comments: _____

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name <u>Hollingsworth</u>

- Reminder – you must mark the gift or income box.
- You are not required to report income from government agencies.

<p>► NAME OF SOURCE <u>City of Los Angeles: LAX and Ontario Airports</u></p> <p>ADDRESS (Business Address Acceptable) <u>1400 K Street, Room 208</u></p> <p>CITY AND STATE <u>Sacramento, CA 95814</u></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Local Government Agency, Transportation</u></p> <p>DATE(S): <u>01/01/09</u> - <u>12/31/09</u> AMT: \$ <u>1340.00</u> <small>(If applicable)</small></p> <p>TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION: <u>Parking fees</u></p>	<p>► NAME OF SOURCE <u>Council for Legislative Excellence</u></p> <p>ADDRESS (Business Address Acceptable) <u>2150 River Plaza Dr., Suite 150</u></p> <p>CITY AND STATE <u>Sacramento, CA 95833</u></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Non Profit Organization</u></p> <p>DATE(S): <u>12/2/09</u> - <u> </u> AMT: \$ <u>25.61</u> <small>(If applicable)</small></p> <p>TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION: <u>transportation cost incurred at Joint</u> <u>Republican Legislative Summit</u></p>
<p>► NAME OF SOURCE _____ ADDRESS (Business Address Acceptable) _____ CITY AND STATE _____ BUSINESS ACTIVITY, IF ANY, OF SOURCE _____ DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____ <small>(If applicable)</small></p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION: _____</p>	<p>► NAME OF SOURCE _____ ADDRESS (Business Address Acceptable) _____ CITY AND STATE _____ BUSINESS ACTIVITY, IF ANY, OF SOURCE _____ DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____ <small>(If applicable)</small></p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION: _____</p>

Comments: _____

SCHEDULE A-1 Investments

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

AMENDMENT

EB

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

NAME OF BUSINESS ENTITY
Sagamore Mine

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Mining Claim

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other _____ (Describe)
☒ Partnership ☒ Income of \$0 - \$500
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____/_____/09 _____/_____/09
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income of \$0 - \$500
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____/_____/09 _____/_____/09
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income of \$0 - \$500
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____/_____/09 _____/_____/09
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income of \$0 - \$500
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____/_____/09 _____/_____/09
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income of \$0 - \$500
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____/_____/09 _____/_____/09
 ACQUIRED DISPOSED

Verification

Print Name Dennis Hollingsworth

Office, Agency or Court California State Senate

Statement Type ☒ 2009/2010 Annual ☐ Assuming ☐ Leaving
 ☐ _____ Annual ☐ Candidate

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 04/19/2010

Signature _____

Comments: _____